Case 24-10837-pmm Doc 23 Filed 09/18/24 Entered 09/18/24 15:14:12 Desc Main Document Page 1 of 2

	I in this information to identify your o										
De	ebtor 1 Alyce A. Co	nnelly									
	ebtor 2 couse, if filing)				_						
Ur	nited States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	\							
Cas (If kr	ase number 24-10837		-			Check if this is	:				
	(nown)						 An amended filing A supplement showing postpetition chapte 				
_	VSC - 1 E 4001					☐ A supplem 13 income	ent showir as of the f	g postpetition ollowing date:	chapter		
_	official Form 106I					MM / DD/ Y	YYYY				
	chedule I: Your Inc as complete and accurate as pos								12/1		
Pa	ouse. If you are separated and you ach a separate sheet to this form. It 1: Describe Employment	on the top of any additi	onal pages, write yo	ur name	and o	ase number (if	ouse. If me known). A	ore space is n Answer every	eeded, questior		
1.	Fill in your employment information.		Debtor 1	Debtor :	Debtor 2 or non-filing spouse						
	If you have more than one job, attach a separate page with	Employment status	■ Employed	☐ Empl	☐ Employed						
	information about additional		☐ Not employed	☐ Not e	☐ Not employed						
	employers.	Occupation	MAC Manager								
	Include part-time, seasonal, or self-employed work.	Employer's name	Jones Lang LaS	alle							
	Occupation may include student or homemaker, if it applies.	nt Employer's address									
		How long employed t	here? 7 years								
Pa	rt 2: Give Details About Mor	thly Income									
	imate monthly income as of the duse unless you are separated.										
po f yo	ou or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co this form.	ombine the information	i ioi aii e							
po f yo	ou or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co this form.	mbine the information	i ioi ali e		or Debtor 1		otor 2 or ng spouse			
po f yo	e space, attach a separate sheet to List monthly gross wages, sala deductions). If not paid monthly, of	this form. y, and commissions (b	efore all payroll	2.		for Debtor 1					
f yo	e space, attach a separate sheet to List monthly gross wages, sala	this form. y, and commissions (but all culate what the month)	efore all payroll		F		non-fili	ng spouse			

Official Form 106l Schedule I: Your Income

Dei	otor 1	Alyce A. Connelly				Case number (if known)			24-10837				
						For	Debtor 1			or Debto			
	Cop	y line 4 here			4.	\$		0.00	\$		_	V/A	5.
5.	List	all payroll deduc	ctions:										
	5a.		, and Social Secu	rity doductions	F-	œ.			•		_		
	5b.		ntributions for ret		5a. 5b.	\$		0.00	\$			N/A	
	5c.		tributions for retin		5c.	\$		0.00	\$			N/A	
	5d.		yments of retirem		5d.	\$		0.00	\$ \$			N/A	
	5e.	Insurance	,		5e.	\$		0.00	\$			N/A N/A	
	5f.	Domestic supp	port obligations		5f.	\$		0.00	\$			I/A	
	5g.	Union dues	_		5g.	\$		0.00	\$			I/A	
	5h.	Other deduction	ons. Specify:		5h.+	\$		0.00	_			I/A	
6.	Add	the payroll dedu	uctions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$		0.00	\$			I/A	
7.	Calc	Calculate total monthly take-home pay. Subtract line 6 from line 4.			7.	\$		0.00	\$			I/A	
8.	List 8a.	Net income fro profession, or Attach a statem	farm ent for each prope	d: and from operating a business, rty and business showing gross usiness expenses, and the total							•		
		monthly net inco			8a.	\$		0.00	\$		N	I/A	
	8b.	Interest and di	vidends		8b.	\$		0.00	\$			I/A	
	8c. 8d.	regularly received include alimony settlement, and	ve	ou, a non-filing spouse, or a dependent child support, maintenance, divorce it.	8c.	\$		0.00	\$		N	I/A	
	8e.	Social Security	•		8d. 8e.	\$		2.00	\$ \$			/A	
	8f.	Other governm Include cash as: that you receive	ent assistance the sistance and the vi	at you regularly receive alue (if known) of any non-cash assistance nps (benefits under the Supplemental ousing subsidies.		\$	1,96	0.00	\$			/A	
	8g.	Pension or reti	rement income		8g.	\$		0.00	\$			/A	
	8h.	Other monthly	income, Specify:	Pro-rated Tax Refund	8h.+			9.00				/A	
9.	Add	all other income	. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	+8c+8d+8e+8f+8g+8h.	9.	\$	5,408.21		\$		N/A	N/A	
													1
10.			come. Add line 7	Fline 9. Debtor 2 or non-filing spouse.	10. \$	5	,408.21	+ \$		N/A	= \$		5,408.21
				- ·									
11.	Inclu- other	de contributions fr friends or relative ot include any am	om an unmarried p es.	the expenses that you list in Schedule partner, members of your household, your ded in lines 2-10 or amounts that are not a	depend					S <i>chedul</i> e 11.			0.00
12.	2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies								e. 12.	\$		5,408.21	
13.	Do y	o you expect an increase or decrease within the year after you file this form? No.									Com		ed income
		Yes. Explain:	Debtor's job is	ending in 6/2024 and Debtor is ret	iring.								